

House Bill 1328 (AS PASSED HOUSE AND SENATE)

By: Representatives Peake of the 137<sup>th</sup>, Channell of the 116<sup>th</sup>, and Lunsford of the 110<sup>th</sup>

A BILL TO BE ENTITLED  
AN ACT

To amend Code Section 33-20A-9.1 of the Official Code of Georgia Annotated, relating to consumer choice options offered by managed care plans, so as to revise a provision relating to consumer choice options under the state employees' health insurance plan; to provide for related matters; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

**SECTION 1.**

Code Section 33-20A-9.1 of the Official Code of Georgia Annotated, relating to consumer choice options offered by managed care plans, is amended by revising subsection (c) as follows:

"(c) Except for managed care plans offering a consumer choice option under subparagraph (d)(2)(C) of this Code section, every managed care plan ~~offered pursuant to Article 1 of Chapter 18 of Title 45 or~~ offered by a managed care entity shall offer a separate consumer choice option to enrollees at least annually with the following provisions:

(1) Every enrollee of a managed care plan shall have the right to nominate one or more out of network health care providers or hospitals for use by that enrollee and that enrollee's eligible dependents, if:

(A) Such health care provider or hospital is located within and licensed by the state;

(B) Such health care provider or hospital agrees to accept reimbursement from both the plan and the enrollee at the rates and on the terms and conditions applicable to similarly situated participating providers and hospitals. The reimbursement rates for the plan may be proportionally reduced from those paid to participating providers if the cost-sharing provisions in paragraph (3) of subsection (d) of this Code section are utilized in the consumer choice option;

(C) Such health care provider or hospital agrees to adhere to the managed care plan's quality assurance requirements and to provide the plan with necessary medical information related to such care; and

1 (D) Such health care provider or hospital meets all other reasonable criteria as required  
2 by the managed care plan of in network providers and hospitals; and

3 (2) Each nominated health care provider or hospital which meets the requirements of  
4 subparagraphs (A), (B), (C), and (D) of paragraph (1) of this subsection shall be  
5 reimbursed by the plan, subject to the agreement in subparagraph (B) of paragraph (1) of  
6 this subsection, as though it belonged to the managed care plan's provider network. Such  
7 reimbursement shall be full and final payment for the health care services provided to the  
8 enrollee and no health care provider or hospital shall bill the enrollee for any portion of  
9 a payment exclusive of the requirements of subparagraph (B) of paragraph (1) of this  
10 subsection."

11 **SECTION 2.**

12 All laws and parts of laws in conflict with this Act are repealed.